MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEA Registration District No..... Registered No..... (a) Residence, No... (If nonresident, give city or town and State) (Usual place of abode) ds .- How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. Tru. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF bave occurred on the date stated above, at 1130 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than I 7. AGE YEARS MONTHS DAYS day,hrs. ormin. 8. Trade, profession, or particular should be carefully supplied. kind of work done, as spinner, **DCCUPATION** sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this so that it may year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis U. Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN).... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury 18. BURIAL, CREMATION OR REMOVAL Nature of injury If so, specify..... (ADDRESS) (Signed)...

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2. FULL NAME (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE of 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 7. AGE 8. Trade, procession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	TIFICATE OF DEATH AND YEAR) TIFY That I attended deceased for the second seco
2. FULL NAME (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE of 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 7. AGE 8. Trade, procession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ACCURATE OF DEATH (MONTH, DAY, DAY, AND YEAR) 7. AGE 8. Trade, procession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	nonresident, give city or town and State) foreign birth? yrs. mos. of TIFICATE OF DEATH AND YEAR) 19 TIFY That I attended deceased for the state of the state
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, DAY, DAY, DAY) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	TIFICATE OF DEATH AND YEAR) TIFY That I attended deceased from the company of t
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	That I attended deceased for the control of the con
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	•
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	n richer Male of
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
work was done, as silk mill, saw mill, bank, etc.	
	turn ond
	it the 1st lymber
0 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 5. Other contributory causes of imposed occupation	tance: vertebes!
12. BIRTHPLACE (CITY OR TOWN)	mellin
13. NAME Name of operation	200
	Date of
(STATE OR COUNTRY)	Was there an autopsy?
	uses (violence), fill in also the following:
Where did injury occur?	
Specify whether injury occurred in	pecily city or town, county, and State) industry, in home, or in public place.
17. INFORMANT	and the second s
(ADDRESS) Manner of injury	
	ay related to occupation of deceased?
19. UNDERTAKER If so, specify	D. V. Falls
20. FILED 19 Marle Brown (Address) (Address) (Address)	Man OM

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